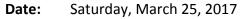
Health Fair Vendor Application

Announcing the 19th Annual Black Family Health and Wellness Health Inc. Health Fair:



Place: North High School, 4410 North 36th Street, Omaha NE 68104 (36th & Ames) Viking Center

Time: 8:00 a.m. – 12:30 p.m. (*Please note change in time*)

PLEASE NOTE: To maintain the family focus atmosphere, we ask that NO SELLING of any kind take place and that ALI screenings are provided free to the attending participants.

Booth Fee: \$60 per table by March 3, 2017 – Booths for Screeners are FREE

\$80 per table through March 10th, 2017 - Registrations received after March 10, 2017 will not be accepted.

Each display/exhibit will have one 6-foot NON SKIRTED table and two chairs unless otherwise specified.

Black Family Health an	nd Wellness Association, Inc
and that ALL	Check #

hfhwa

(Internal use only)

ir you need electricit	y for your area please check here					
Provider/Agency:						
Contact Name:						
Additional Contact:						
Complete mailing						
Address with zip-						
code:						
Phone:		Fax:				
Email:						
Please Check ONE:	☐ Screening (PLEASE NOTE: Number of screenings you perform, any abnormal results, and follow-up outcomes need to be reported to BFHWA within 2 weeks – this information is vital to the BFHWA to understand how best to serve the health needs of the community)					
☐ Exhibit (Checks payable to and mailing address: Black Family Health and Wellness Inc. PO Box 111393, Omaha NE 68111)						
Please describe your						
screening or exhibit,						
target population,						
purpose, etc.)						
Please indicate ages wl	nich will be served as we try to prevent overlap of services:	☐ Adults	☐ Teens	☐ Children	☐ Seniors	
We ask that exhibitors set up their displays between 4:00 – 6:00 p.m. on Friday March 24 th				TAV this forms to	(402) 745 4477	

We ask that exhibitors set up their displays between 4:00 – 6:00 p.m. on Friday March 24th All exhibits and screeners are to be ready by 7:30 a.m. on Saturday, March 25th If you are unable to arrange set up on Friday March 24th, please notify me.

FAX this form to: (402) 715-4177

Please include this form with payment

Thank you for participating in this important community event! Feel free to contact me: Margie Dumas-Hill, Health Fair Chair (402) 321-6743 info@bfhwa.com